

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025470

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

317
FILED JUN 20 1962

541

1759

VS 300
Rev. 4/5914002
24015

3

4 0

5 1

6

7 0

8 1

9 163X

10

11

12 45-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

CLAYTON

Length of stay in 1b

4 mos. / DAY

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

ST. LOUIS COUNTY

Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE

Mo.

b. COUNTY

ST. LOUIS

c. CITY
OR TOWN

BALLWIN

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS
(If outside, give location)

240 Old BALLWIN RD.

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Frank

Gebhardt

4. DATE
OF DEATH

Month

Day

Year

6

13

62

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-20-1896

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months

IF UNDER 24 HR.

Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CLERK

10b. KIND OF BUSINESS OR INDUSTRY

Co. Hosp.

11. BIRTHPLACE (City and state or country)

BALLWIN, MO.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

ALBERT GEBHARDT

13b. MOTHER'S M maiden NAME

MARY SELLENRIEK

14. NAME OF HUSBAND OR WIFE

GRACE GEBHARDT

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Mary Gebhardt, Ballwin Mo.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma Lung

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Generalized arteriosclerosis

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-11-62

to 6-13-62

and last saw her

him

alive on 6-13-62

Dear occurred at 3:50 am

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Albert Gebhardt MD.

22b. ADDRESS

601 South Brentwood, Clayton, Mo. 6/13/62

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

6-16-62

23c. NAME OF CEMETERY OR CREMATOR

ELM LAWN

23d. LOCATION (City, town, or county)

CLAYTON & BALLAS RDS.

24. FUNERAL DIRECTOR

ADDRESS

SCHRADER, BALLWIN, MO

25. DATE RECD. BY LOCAL REG.

6-13-62

26. REGISTRAR'S SIGNATURE

John Murphy MD.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Richard Bopp

Licensed Embalmer No.

4584

P. O. Address

Brewer, Mo.

Sd-11-0

Sd-11-0

Sd-11-S

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.